



Edinburgh Wellbeing Pact

Peering in and Peering out: An exploration of Peer work in Edinburgh

30 October 2023

1. Welcome and Reflections

Dr Linda Irvine Fitzpatrick, Edinburgh Health & Social Care Partnership

1.1 Linda welcomed all to the meeting and shared her delight at seeing so many come together to celebrate peer work in Edinburgh. She reflected on peer work over the years beginning with the Plan to Change programme in 2007 which provided a peer support service to people living in Craigmillar to make positive change. Linda also recognised the key role of of Peer Workers in Veterans 1st Point centres across Scotland, which employed peer workers based on their veteran status rather than specific condition or diagnosis. The RE:d programme in 2015 provided a pathway which enabled those who were involved with Criminal Justice to utilise this within the Peer Model but also as an opportunity of being in paid employment. She finished by acknowledging the multidisciplinary and multi- agency Thrive welcome teams where peer workers are a key embedded component.



1.2 Linda ended by sharing some feedback the evaluation of Plan to Change which still seems pertinent today.

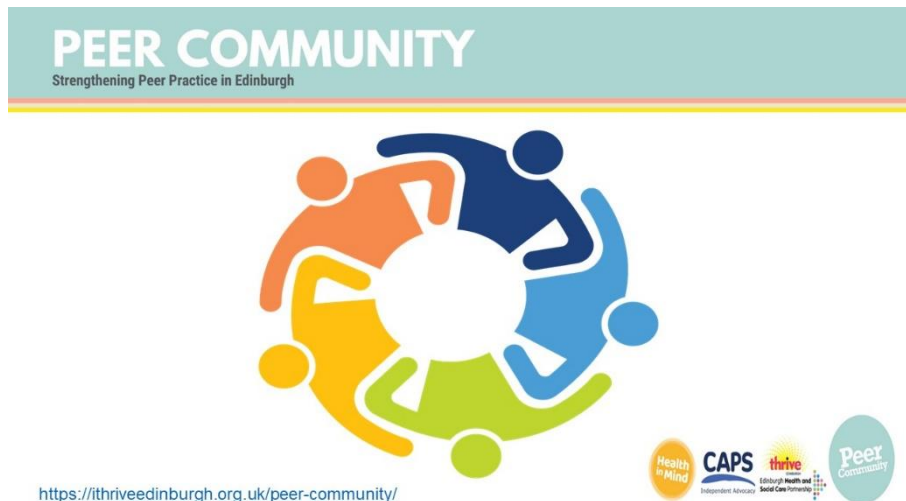
They get to see someone who's actually well and working well, and actually helping them with... trying to help other people. That's really a positive influence for the team. I think I do bring quite a lot to the team I feel like a valued member of staff. I feel they think of someone who needs something, I can bring something that nobody else in the team can bring to that, in terms of the support that I do.
(Peer support worker; 2007)

Yeah, it is a different way of engaging, but there's still something unique about them. I think my practice has improved working with X, it has improved, but I still think she's uniquely different from me and I still think she can bring something different to what I can.
(Wider service system; 2007)

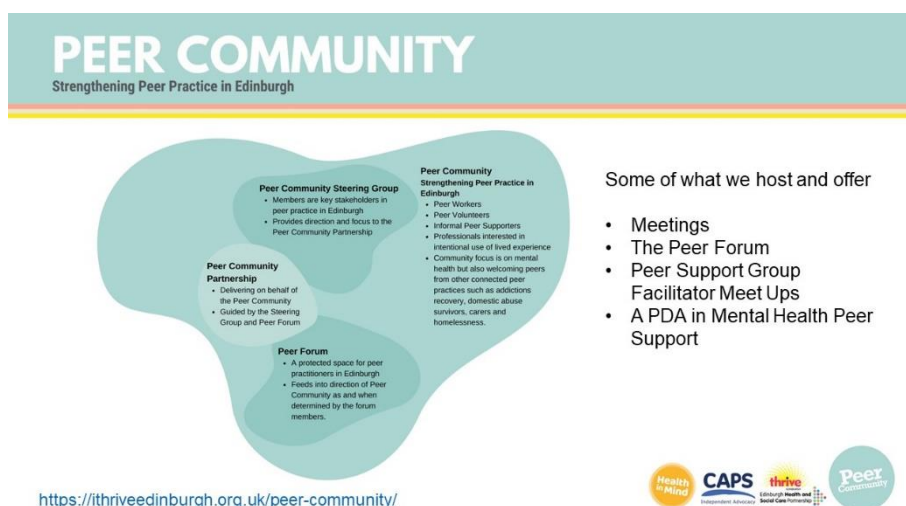
2. Thrive Edinburgh: Peer Community

Nicola Djeala, Health in Mind & Jane Crawford, CAPS Independent Advocacy

2.1 Nicola began by introducing herself and her role within Health in Mind as a Peer Community Practice Development Worker. She explained that she would show short except from the side-by-side film, as well as explore how peer work has progressed. She highlighted that there is currently work underway to map the peer landscape across Edinburgh.



2.2 Nicola explained that the Peer Community was formerly known as the Peer Collaborative and is a part of Thrive Edinburgh and organised through Health in Mind and CAPS Independent Advocacy. She explained some of what is offered through the Peer Community including the Peer Forum, which is a protected space for peer practitioners in Edinburgh. Nicola also highlighted the Professional Development award in Mental Health Peer Support which she would discuss later in the presentation.



2.3 Nicola shared a definition of Peer work:

“Peer support occurs when people provide knowledge, experience, emotional, social or practical help to each other.’ We often do it naturally and may not spend time reflecting much on how we do it. Peers – people with some kind of common identity.”

She went on to say that there are so many diverse types of peer work covered by this. The peer work values developed by the Scottish Recovery Network underpin this.



Peer work

Peer support occurs when people provide knowledge, experience, emotional, social or practical help to each other.’ We often do it naturally and may not spend time reflecting much on how we do it. Peers – people with some kind of common identity.

<https://ithriveedinburgh.org.uk/peer-community/>



2.4 The **Side-by-Side** film highlights the importance of peer work in Edinburgh. It features Peer Workers based across the city sharing their experience of a peer approach to mental health and how this could be innovative in recovery.

You can view the film here: [Side by Side The Power of Peer Support - YouTube](#)



What peers are saying....



<https://ithriveedinburgh.org.uk/peer-community/>

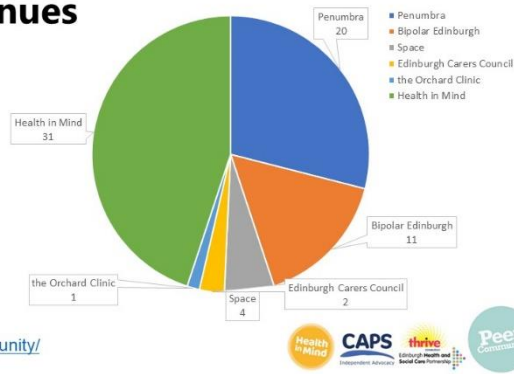


2.5 Nicola shared that peer work is continuing to grow across Edinburgh. She also highlighted the large percentage of peer workers working within Health in Mind.

PEER COMMUNITY

Strengthening Peer Practice in Edinburgh

Peer working continues to grow.....



<https://ithriveedinburgh.org.uk/peer-community/>

- 2.6 Jane explained that the Peer Forum is a collective advocacy group and safe space for peer workers to gather and share their experiences. It is facilitated by CAPS, Jane explained that Irene is involved in taking this forward. She asked those present to spread the word about this group, noting it is for both paid and unpaid workers to get involved and have a say.

PEER COMMUNITY

Strengthening Peer Practice in Edinburgh

The Peer Forum

- The Peer Forum is a collective advocacy group for anyone who is a Peer worker, whether paid or unpaid. The Peer Forum will:
 - Create a safe space where Peer workers can meet and talk about their experiences - the positives and the challenges!
 - Give a stronger collective voice to Peer workers
 - Work towards bringing about changes that Peer workers want to achieve
 - Feed into the wider Peer Community to influence decision making, ensuring that the peer lived experience voice is central within these decisions.

<https://ithriveedinburgh.org.uk/peer-community/>



- 2.7 Nicola went on to highlight the Professional Development award in Mental Health which recognises, develops and celebrates the skills of those currently working and volunteering in Peer Work roles and those wishing to get their first Peer Work role.

PEER COMMUNITY

Strengthening Peer Practice in Edinburgh

Peer development award in mental health peer support

- SQA accredited
- Takes from 6-9 months to complete
- Mentoring & feedback offered
- Study Groups

<https://ithriveedinburgh.org.uk/peer-community/>



- 2.8 Nicola finished with some quotes from those who have found peer support to be invaluable to their recovery. You can read these below:

PEER COMMUNITY
Strengthening Peer Practice in Edinburgh

'It really helped me to have a place to speak my thoughts out loud and feel heard. The peer support was a starting point for me making several changes in my life and connecting with different services which has had a positive impact on my overall wellbeing.'

'The sense of belonging to a community of people is an enormous comfort. I can share my personal experiences and information with others and learn and be supported in return.'

'I really appreciate and value the support I received. It helped me to find a way through a particularly difficult period.'

'It's helped and comforted me to know other people have similar situations and are supportive and willing to share their own thoughts on what is so hard to discuss outside the group.'

<https://ithriveedinburgh.org.uk/peer-community/>



3. The Future is Peer

Louise Christie, Scottish Recovery Network

- 3.1 Louise began by noting that peer support is central to the Scottish Recovery network, and they work hard with the Scottish Government to promote peer work. She noted it was great to hear about the Edinburgh Peer Forum.

The Future is Peer



 **Scottish Recovery Network**
Together we can make mental health recovery real

- 3.2 She noted there is lots happening across Scotland, particularly in the last 5-10 years there has been an increase in the development in peer work. Louise noted that more Health and Social Care partnerships are open to commissioning or promoting services with peer workers, she highlighted a few examples of this including the Community Wellbeing centre, Hope Point in Dundee. Additionally North Ayrshire have secured funding for peer support workers in college. Louise went on to say that peer support has a role in all types of settings, but that there has been little development in the NHS, it has primarily been through small/medium 3rd sector organisations.



3.3 Louise highlighted that they have a lot of resources including Peer2Peer which is free and adaptable for organisations to support peer development in their area. There are also resources to help peers develop their role and a peer group guide. The creating **Hope with Peer Support** is focused on suicide prevention.



3.4 The new mental health and wellbeing strategy mentions peer support as part of the core mental health workforce which is a move forward. Louise mentioned the promotion of a whole system approach. She also noted the importance of peer work within **Time, Space and Compassion** as they can have conversations with people, engaging more than other professionals in the same amount of time.

Policy opportunities

- Whole person
- whole system
- Trauma responsive
- Time Space Compassion
- Embedding human rights
- > peer support



3.5 Louise noted she was keen to hear more from those working in Edinburgh to understand the network and framework.



3.6 Louise finished by noting she is keen to see Peer Leadership embedded within the Scottish Government to inform and guide policy developments.



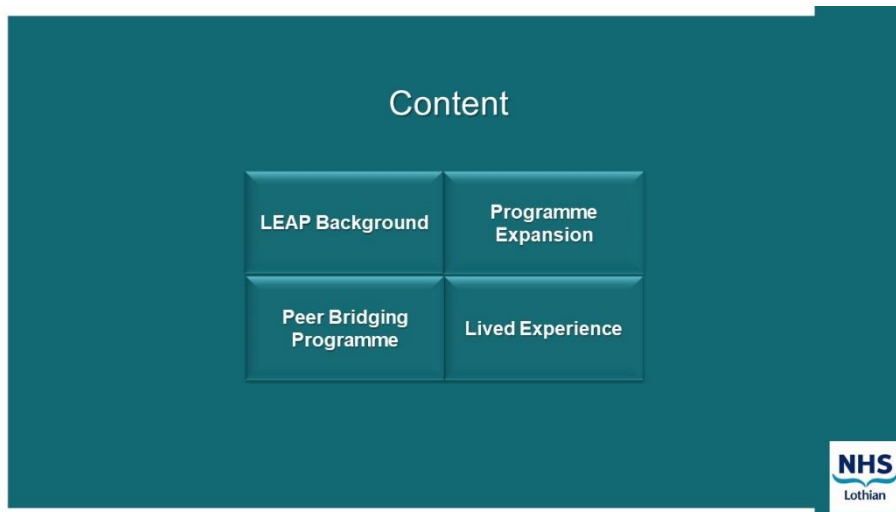
4. Supporting People in Recovery

Blair Smith, Nicola Keicher & Gavin Sykes, LEAP, NHS Lothian

4.1 Blair thanked all for the opportunity to share the work currently underway within LEAP.



4.2 He explained that he would cover some background around the service, how the programme has expanded. Nicola would explain the peer bridging programme, before passing on to Gavin to share some of his experiences as a peer worker.



4.3 Blair went on to say that those who are familiar with the recovery community, will be aware of LEAP. It provides a 3-month residential, drug and alcohol rehabilitation programme operating from Woodlands House where daytime treatment takes place, and the patients live at two residential accommodation buildings in Edinburgh. In partnership with City of Edinburgh Council and the Cyrenians, the service provides accommodation for 16 patients at Randolph Crescent in the City Centre and 11 patients in an accommodation in the north west of the city.



4.4 LEAP and the Ritson clinic have received additional investment of £5.7M over five years from the Scottish Government's National Mission to reduce Drug Related Deaths (DRD), this funding is to enable improvements around access, capacity, and aftercare and research development.

Programme Expansion

- Scottish Government investment to reduce DRD
- Capacity
- **Access / pathways**
- Aftercare
- Monitoring and evaluation



- 4.5 As part of the improving access and pathways into rehab, the was Lothian Wide Peer Support Bridging Project developed, the service employs 6 paid Peer Bridge Support Workers to assist individuals into treatment and support patients coming out of the service to integrate back into the community.

Access / Pathways

- Six peer bridge support workers
- Preparation for treatment
- Integrate in to community
- Engagement with services

2. **Objective 2: Improving access and pathways into rehab** Develop pathways into LEAP and Ritson, including ensuring more equitable access, availability of places, reduced barriers/exclusions and addressing vulnerable individuals/those with greatest need).
To achieve this objective, NHS Lothian will:

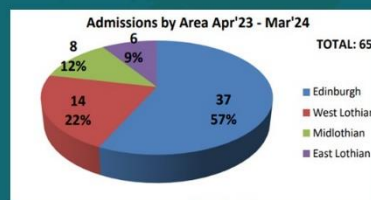
- Develop improved access by revising current referral criteria for LEAP and Ritson, including changing thresholds for prescribed medication and creating a pathway for illicit benzodiazepine use and complex polysubstance use.
- Work with ADPs and other partners to improve access for vulnerable groups (e.g. the homeless, veterans, criminal justice populations, members of LGBT+ community, those with dual diagnosis and single parents)
- Develop and deliver a Lothian-wide Peer Support Bridging Project managed by LEAP (and linking in with existing projects in local ADP areas) to improve pathways, retention and aftercare as well as facilitating rehab access for patients between community services and residential rehabilitation.



- 4.6 Part of this Peer Bridging Programme will be to monitor and evaluate the Peer work. Below is a snapshot of LEAP referrals from April – September this year. This shows an increase and record referral numbers at 53 which a huge amount of is due to the work the peers are carrying out.

Outcomes

- REC-CAP evaluation tool (Prof. David Best)
- Referrals and admissions



- 4.7 Nicola explained that the Peer Bridging Programme has a specific remit to increase referrals for those who are appropriate for the service and raise awareness within organisations who are referrers. She highlighted that the team has a lot of lived experience ranging from 5 – 20 years across a range of backgrounds. They aim to target specific services and those people that are harder to reach, working with them to make it accessible.

Peer Bridging Programme

- 6 full time paid peer workers – NHS Lothian employees
- Lived experience – from 2 years to 20+ years in recovery
- Lothians wide - targeting services, working with referrers and service users
- 'Bridging the Gaps' – between 3rd sector, NHS and the people who use services. Initiating conversations about rehab as a treatment option



- 4.8 Nicola noted that they are aware that sometimes people many are not clinically suitable at that period, so they know that if they can share information about their work and the services that they can keep it on the radar.

Peer Bridging Programme

- The power of lived experience – demonstrating that abstinence based recovery is possible and achievable
- Building nurturing and supportive relationships with service users – therapeutic and boundaried
- Developing stronger links with community services, 3rd sector and NHS teams – joined up working and better continuity of care.
- Increased knowledge and understanding for professionals of residential rehab options.



- 4.9 Gavin began by recognising that the people he works with are all at very different stages of recovery. He notes that one of the best parts of the role is that he can help people to figure out where they are on their journey. He has been able to build relationships with services in the locality and those that are based there. Once they receive a referral, he can begin that process of working with someone, building trust, and ensuring that it doesn't need to be scary for people. He can help answer questions or find out the necessary information and support someone from service to service. Gavin finished by emphasising how great it is to help people.



5. Break – Discussion

- 5.1 There was a short break and networking opportunity.

6. The Power and Rewards of Peer Support

Susan Robertson, Edinburgh Health and Social Care Partnership & Claire, Steven, and Ian

- 6.1 Susan began noting her role within the Health and Social Care Partnerships

The power and rewards of Peer Support



For adults living in Edinburgh with
physical disabilities and
long terms conditions

Susan, Claire, Steven and Ian

- 6.2 She went on to say that everyone's situation is unique and uncharted, however many people highlight negative areas or blockers not just in physical health but mental health also. It is around exploring what would make a difference for someone, what would a 'good day' look like for them and how a sense of hope can be maintained. It was following this thinking that they approached Thistle and delivered a pilot course on Lifestyle Management. It was after this group that the peer support developed.

Everyone's situation and experience is unique and uncharted
Yet these are the most frequent statements made about the impact on their life:



- Struggling with the pain, brain fog, fatigue, stiffness, spasms and vulnerability every day.
- Coming to terms with the trauma that has turned their world upside down, and impacted on those around them, their job, their house, their future?
- The limbo of acute care and trying to understand their condition – being dependant on others for basic tasks- it is a personal challenge for each individual and their families.
- The sense of loss and grief at losing the person they once were – who they have become- and what's next...?



6.3 Susan noted it is about the inner strength and resilience that we have.

“ It is not the strongest species that survive, nor the most intelligent, it is the one most adaptable to change”

Charles Darwin



6.4 Claire shared her experience, noting that change is constant, and a day can contain all of the ups and downs as illustrated below. She highlighted that it really helped when she spoke to someone around the same age who had similar experiences. They were able to encourage each other to achieve small goals and over come challenges. She went on to say that it is having courage to get up and go forward, she can now pay forward the support she received. She is proud of where she was to where she is now.

Change is constant...challenges



6.5 Steven went on to discuss peer support and explore what this actually means. He shared his own experience from 10 years ago when he was at the end of the Lifestyle management course and questioning what next? The work really begins after the end of the 10-week course. In the October to February following they put in the infrastructure to come together as a group, 20 people turned up to the first meeting. The group sets its own agenda and frequency, for Steven this was peer support in motion. He notes there have been some struggles since the pandemic, but all are welcome. There have been friendships and bonds formed both within and out of the group. For Steven, the last 9 years have been the most enjoyable and rewarding in his life.



6.6 Ian shared his experience after moving to Edinburgh with his partner and his struggle with social isolation and health. He learned to be kinder to self and stop blaming himself and others. Following successful completion of the course, her trained to become a facilitator which has been so stimulating and rewarding. He wanted to finish by noting his thanks to the lifestyle management course for the confidence, support and self-belief he doesn't know where he would be without them.



6.7 There were some key elements of peer support that have come through, including effective communication, accepting and adjusting to what each day will bring and active listening.

The power of Peer Support



Active Listening
I reached a very personal goal last Wednesday.
I see you all on this course as my friends and I wanted to share this with you because it is the support you have given me that has enabled me to do this...

"I came here to build my confidence to get out more. I have been out 3 times this week already- I have got so much more...my life is changing already and I am feeling the benefit of being back in control of my life. **Thank you so much for listening** and being there for me over the past few weeks".

Effective communication
"The Peer support I get from others is unimaginable, we are open with each other and allowed to talk honestly.
There is **no pressure** to be fine or ok, or told "its early days". I need to be me for now and be positive".

Acceptance and adjusting
"I got so much out of being with others who "get it", who listen and don't judge or want to make me better. I manage my frustration and anger better and this has helped improve family life. **I realised that I needed to change** too, to help find harmony".

6.8 Ian shared some quotes around the rewards of peer support which can be seen below:

The rewards from Peer Support...



"The moments shared, the knowledge gained and the friendships made"

Peer support has provided me with awareness of other's conditions and new-found friendships. I've also learnt that my lived experience can help other.

"Having the peer support group to go to gives me a reason to get up out of bed, it motivates me to want to connect...that gives me hope- it's the start of a new beginning."

" I got a lot from being around people who shared honestly and openly...it gave me a new perspective."

6.9 Claire ended with a peer support poem:

Peer Support Group



Everyone needs to **belong**-perhaps a place where they can go,
A comfortable **surrounding**, with familiar faces, people they know,
Where they **feel accepted, acknowledged** and feel **valued** for who they are,
Boosting their **confidence** at being **heard** and having the **choice** to take part.



7. Sticking with People

Lucy Gilroyd, Cyrenians

- 7.1 Lucy highlighted that she would describe some of the Cyrenians work and some of the common themes and challenges they have identified within peer work.

Common themes in peer work

'Transforming experience into expertise'

(Austin, Ramakrishnan and Hopper, 2014)

Cyrenians



- 7.2 Lucy indicated that they revamped the project, recognising that people needed more support. Peer workers were taking on key worker roles really quickly which didn't work for everyone, but they did want to explore what worked for people so they introduced:

- Key work training and supporting people
- Key worker training
- Service improvement

Our work with Peers

- Community Connections Project

- Key worker training and supporting people
- Key worker training
- Service improvement

Cyrenians



- 7.3 Lucy went on to highlight some key areas of work that peers are involved in through Cyrenians:

- The Access Place
- Homeless Navigator Project which includes street outreach
- Edinburgh Recovery Activities – this is a commitment of support around substance misuse. There is a café, which helps to put people at ease and build trust

Where we work and our vision

- Where our peers currently work
 - The Access Place
 - Homeless Navigator project
 - Edinburgh Recovery Activities
- Our values and vision for developing our peer work

Cyrenians



- 7.4 She shared some common themes that emerged through conversations around peer work particularly when someone is coming into a peer role and understanding what is involved.

Common themes: definitions

- How do we define peer work versus lived / living experience?
- When does lived experience become professional experience and is there a line?
- 'I don't want to be defined as a peer worker anymore'

Cyrenians



- 7.5 She also raised the theme that emerged around appropriate support, acknowledging stigma and the impact that this can have.

Common themes: appropriate support

- How do you support someone to use their lived experience in a peer role?
- How can we support peer workers in their role when they themselves may be struggling?
- How do we ask our peer workers to share their experiences in a way that respects them and their journey?

Cyrenians



7.6 Lucy asked all in the room to consider these themes:

- Did these feel familiar?
- Are there any other themes that come up consistently?

Participants had a discussion themes and solutions and the collated responses are summarised below:

Common Themes or challenges	Solutions
<ul style="list-style-type: none"> • Yes, burn out! • Respect for peer support workers • Peer support workers are professionals – bringing different skills and knowledge together • Don't have to share your story, it's your choice. Sharing can de-stigmatise and be helpful but it should be a choice • People moving on, allow them to do this • Peer support identity is important to offer people the connection but can be limiting • Need to recognise people's skills and experience and offer real progression • Line of lived experience • People being curious about the peer's lived experience – sometimes wanting to know more • Managing when the person being supported gets very comfortable/friendly/dependent on the peer relationship • Difference in role/description/boundaries etc. of paid workers in peer support and volunteers • Difference between peer workers and support workers • Challenge of 'just helpers' • Different roles and how they are perceived by service users • Challenge of people no longer wanting to be peer workers • Definition of 'peer work' – sharing story is the role of peer work <ul style="list-style-type: none"> ○ Using lived experience intentionally is more nuanced than telling their story ○ Lived experience and professional experience is enmeshed ○ Peer workers are professionals ○ People struggle when role is unclear • Peer workers can be paid less or there's no career progression <ul style="list-style-type: none"> ○ Boundaried, empowering ○ A move away from traditional/clinical way of working • Peers worth their weight in gold but not paid nearly that • When to share and when not to? How much do you share? • 'I am enough' • How you use training is the point not whether you get it 	<ul style="list-style-type: none"> • Only talking therapies available really are CBT, we should be more imaginative e.g. dance – not everyone wants to talk • Everyone has experienced trauma and we all have vulnerabilities • Instant connection – this really works • More support for peer workers e.g. peer forum. 'I need a quiet room' • Bring our whole selves need to recognise stigma around mental health • Has to be appropriate • Being compassionately boundaried and reminding them that this space is for them • Redirect to using the space appropriately and even suggesting to talk about some aspects in a more appropriate context • Negotiate voluntary role to agree what an individual does – what is the role? What are the contractual differences for paid staff? • Define roles different – 'peer practitioner' / 'peer volunteer' • Peer worker has clear permission to share their lived experience • Must be clear boundaries • If different roles are clearly defined then it gives service users a range of services to choose from • How do they feel? Do they want to move onto another phase of their life? • Variety of peer roles within organisations • Support for the peer support (line management support / reflection support for peers paid and unpaid) • Timing needs to be right • Balancing living experience and sharing • Having open conversations • How to keep things safe and genuine • Active listen and don't judge • Respect for different experiences • Facilitating conversation • Need to share wider, share across different organisations/people etc. • Not medical model, person centred model

8. Next Steps

- 8.1 Linda thanked all for coming along to the session and contributing to such a rich and valuable discussion.
- 8.2 She confirmed that the outputs from the day would be written up and shared with all who attended.
- 8.3 Linda ended by stressing that there will more opportunities for people to come together focusing on Peer Support as part of our ongoing dialogue as we develop our early intervention and prevention strategy for the city.

3 November 2023

Appendix 1: Programme for the day

1.00 pm	Registration and Refreshments
1.30 pm	Welcome and Reflections <i>Dr Linda Irvine Fitzpatrick, Edinburgh Health and Social Care Partnership</i>
1.40 pm	Thrive Edinburgh: Peer Community <i>Nicola Djeala, Health in Mind & Irene Paolini, CAPs Independent Advocacy</i>
2.00 pm	The Future is Peer <i>Louise Christie, Director, Scottish Recovery Network</i>
2.20 pm	Supporting People in Recovery <i>Blair Smith, Nicola Keicher & Gavin Sykes, LEAP, NHS Lothian</i>
2.40 pm	Plenary 1
3.00 pm	Refreshments
3.20 pm	People with Long Term Conditions or People with Physical Disabilities <i>Susan Robertson, Edinburgh Health and Social Care Partnership</i>
3.40 pm	Sticking with people <i>Lucy Gilroyd, Cyrenians</i>
4.00 pm	Plenary 2
4.20 pm	Next Steps
4.30 pm	Close

Appendix 2: Those registered to attend

First Name	Surname	Company
Sharon	Abernethy	Health in Mind
Yasmin	Ali	VoiceAbility
Julie	Anderson	Scottish Government
Cian	Bell	Independent
Kevin	Brodie	Wheatley Care
John Maclean	Bryden	CARDS
Carole-Anne	Burnett	City of Edinburgh Council
Jane	Cairns	Penumbra
Kareen	Caldwell	City of Edinburgh
Louise	Christie	Scottish Recovery Network
Deborah	Clark	EVOG
Abigail	Clifford	Penumbra
Jane	Crawford	CAPS Independent Advocacy
Fiona	Crichton	EHSCP/NHS Lothian
James	Cuthbert	Edinburgh HSCP
Angela	Davidson	Macmillan Edinburgh Libraries
Claudine	Davison	VOCAL Edinburgh Carers Hub
Claire	de Soldenhoff	Penumbra
Kate	Deacon	Media Education
Claire	Desoldenhoff	Penumbra
Michaela	Devlin	Rowan Alba Ltd
David	Dinham	Bipolar Edinburgh
Nicola	Djeala	Health in Mind
Toni	Docherty	City of Edinburgh Council
Rachel	Driver	Health in Mind
Roddy	Ferguson	St Columba's Hospice
Marion	Findlay	Volunteer Edinburgh
Frankee	Fouin	Penumbra
lucy	gilroyd	Cyrenians
Kerry	Girdwood	Health in Mind
Antara	Glover	Voluntary
Fiona	Grant	Empty Kitchens Full Hearts
Sharon	Gurr	SW thrive welcome team
Jillian	Hart	City of Edinburgh Council
Alexis	Heeren	Edinburgh Health and Social Care Partnership
Megan	Henry	Dr Bells Family Centre
kris	hillquist	CARDS
Michelle	Howieson	Bipolar Edinburgh
Abigail	Jackson	Fresh Start
Elilajan	Jeyakumar	EVOG
Shona	Johnson	Penumbra/NHS
Emily	Johnston	VoiceAbility
Iain	Johnston	Waverley Care
Sarah	Jones	Edinburgh Women's Aid
Sarah	Killey	City of Edinburgh Council
Tammy	Kirk	Health in Mind
Iona	MacTaggart	SupportED
Lara	Mair	Penumbra/NHS

Rachel	Matheson	health in mind
Morag	Mathieson	SW Thrive Welcome Team
Fiona	McCabe	Corstorphine Community Centre
Sarah	McCann	LinkLiving
Iona	McCann	Art in Healthcare
Kiran	Mcconnell	CEC
Gary	Mcgirr	Samh
Harry	McGregor	PENUMBRA
Harrison	McGregor	Penumbra Mental Health
Emily	McKinnon	SW Thrive Welcome Team
Debbie	McLachlan	Penumbra
Kellie	Mercer	Caring in Craigmillar
Stefan	Milenkovic	Edinburgh Voluntary Organisations' Council
Keith	Milligan	Carr Gomm
Marlena	Mkony	Feniks
Sarah	Morris	Circle
Lisa	Mulvaney	NHS Lothian
kizzy	mussenden	Penumbra mental health/NHS
Jen	Myddleton	The City of Edinburgh Coucil
Anna	Neubert-Wood	WanderWomen / Joshua Nolan Foundation
Briege	Nugent	Independent
Katriona	Paterson	NHS
Tracey	Patrick	CEC/ NHS
Nicola	Perring	Autism Initiatives
Jennifer	Pullen	NESSie/SCF
Shaz	Puri	Penumbra
Euan	Reid	LinkLiving
Helena	Reid	City of Edinburgh Council
Andrew	Rockett	Cyrenians
Dale	Ross	115
George	Roy	South West Thrive welcome Team
Janne	Solpark	Edinburgh HSCP
Gayle	Speirs	Wheatley Care
Hazel	Stewart	Edinburgh Health and Social Care Partnership
Sheila	Thomson	Community Renewal Trust
Emily	Thorne	Penumbra
Gordon	Veitch	Deaf Action
Aoibheann	Walsh	NHS Lothian